{deleted text} shows text that was in SB0041 but was deleted in SB0041S01.

inserted text shows text that was not in SB0041 but was inserted into SB0041S01.

DISCLAIMER: This document is provided to assist you in your comparison of the two bills. Sometimes this automated comparison will NOT be completely accurate. Therefore, you need to read the actual bills. This automatically generated document could contain inaccuracies caused by: limitations of the compare program; bad input data; or other causes.

Senator Luz Escamilla proposes the following substitute bill:

MENTAL HEALTH ACCESS AMENDMENTS

2021 GENERAL SESSION STATE OF UTAH

Chief Sponsor: Luz Escamilla

House Sponsor: Stewart E. Barlow

LONG TITLE

Committee Note:

The Health and Human Services Interim Committee recommended this bill.

Legislative Vote: 14 voting for 0 voting against 3 absent

General Description:

This bill {amends} modifies an insurer's responsibilities for {catastrophic} mental health {conditions} coverage.

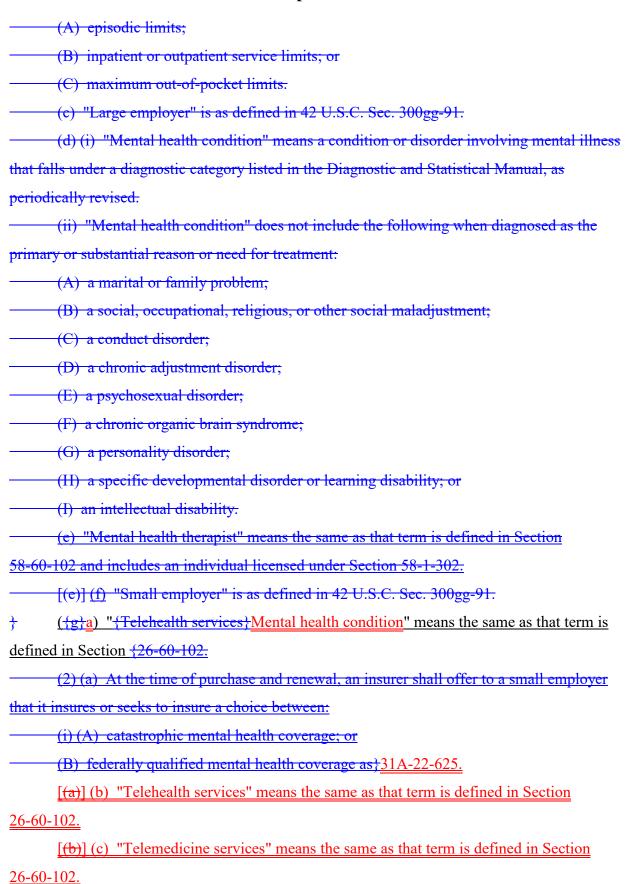
Highlighted Provisions:

This bill:

- defines terms; and
- ► {allows}requires a {diagnosis or treatment of}health benefit plan to reimburse for telehealth services for a mental health condition {to do be done via telehealth services} if certain conditions are met.

F
Money Appropriated in this Bill:
None
Other Special Clauses:
None
Utah Code Sections Affected:
AMENDS:
$\frac{31A-22-625}{31A-22-649.5}$, as $\frac{1}{2020}$, as $\frac{1}{2020}$,
{Chapters 290 and 300}Chapter 119
Be it enacted by the Legislature of the state of Utah:
Section 1. Section (31A-22-625) <u>31A-22-649.5</u> is amended to read:
{31A-22-625}31A-22-649.5. {Catastrophic coverage of mental health
conditions} Insurance parity for telemedicine services.
(1) As used in this section:
(a) (i) "Catastrophic mental health coverage" means coverage in a health benefit plan
that does not impose a lifetime limit, annual payment limit, episodic limit, inpatient or
outpatient service limit, or maximum out-of-pocket limit that places a greater financial burden
on an insured for the evaluation and treatment of a mental health condition than for the
evaluation and treatment of a physical health condition.
(ii) "Catastrophic mental health coverage" may include a restriction on cost sharing
factors, such as deductibles, copayments, or coinsurance, before reaching a maximum
out-of-pocket limit.
(iii) "Catastrophic mental health coverage" may include one maximum out-of-pocket
limit for physical health conditions and another maximum out-of-pocket limit for mental health
conditions, except that if separate out-of-pocket limits are established, the out-of-pocket limit
for mental health conditions may not exceed the out-of-pocket limit for physical health
conditions.
(b) (i) "50/50 mental health coverage" means coverage in a health benefit plan that
pays for at least 50% of covered services for the diagnosis and treatment of mental health
conditions.

(ii) "50/50 mental health coverage" may include a restriction on:



(2) Notwithstanding the provisions of Section 31A-22-618.5, a health benefit plan offered in the individual market, the small group market, or the large group market [and entered into or renewed on or after January 1, 2021, shall: (a) provide coverage for telemedicine services that are covered by Medicare; [and] (b) reimburse, at a commercially reasonable rate, a network provider that provides the telemedicine services described in Subsection (\{3\}2)(a)[-]; and {(ii) 50/50 mental health coverage. (b) In addition to complying with Subsection (2)(a), an insurer may offer to provide: (i) catastrophic mental health coverage, 50/50 mental health coverage, or both at levels that exceed the minimum requirements of this section; or (ii) coverage that excludes benefits for mental health conditions. (c) A small employer may, at its option, regardless of the employer's previous (c) provide coverage for {mental health conditions, choose either: (i) coverage offered under Subsection (2)(a)(i); (ii) 50/50 mental health coverage; or (iii) coverage offered under Subsection (2)(b). (d) An insurer is exempt from the 30% index rating restriction in Section 31A-30-106.1 and, for the first year only that the employer chooses coverage that meets or exceeds catastrophic mental health coverage, the 15% annual adjustment restriction in Section 31A-30-106.1, for a small employer with 20 or less enrolled employees who chooses coverage that meets or exceeds catastrophic mental health coverage. (3) (a) An insurer shall offer a large employer mental health and substance use disorder benefit in compliance with Section 2705 of the Public Health Service Act, 42 U.S.C. Sec. 300gg-26, and federal regulations adopted pursuant to that act. (b) An insurer shall provide in an individual or small employer health benefit plan, mental health and substance use disorder benefits in compliance with Sections 2705 and 2711 of the Public Health Service Act, 42 U.S.C. Sec. 300gg-26, and federal regulations adopted pursuant to that act. (4) (a) An insurer may provide catastrophic mental health coverage to a small employer through a managed care organization or system in a manner consistent with Chapter 8, Health

Maintenance Organizations and Limited Health Plans, regardless of whether the insurance

policy uses a managed care organization or system for the treatment of physical health
conditions.
(b) (i) Notwithstanding any other provision of this title, an insurer may:
(A) establish a closed panel of providers for catastrophic mental health coverage; and
(B) refuse to provide a benefit to be paid for services rendered by a nonpanel provider
unless:
(I) the insured is referred to a nonpanel provider with the prior authorization of the
insurer; and
(II) the nonpanel provider agrees to follow the insurer's protocols and treatment
guidelines.
(ii) If an insured receives services from a nonpanel provider in the manner permitted by
Subsection (4)(b)(i)(B), the insurer shall reimburse the insured for not less than 75% of the
average amount paid by the insurer for comparable services of panel providers under a
noncapitated arrangement who are members of the same class of health care providers.
(iii) This Subsection (4)(b) may not be construed as requiring an insurer to authorize a
referral to a nonpanel provider.
[(c)] (5) To be eligible for catastrophic mental health coverage, a diagnosis
or} medically necessary treatment of a mental health condition {shall be rendered:
[(i)] (a) by a mental health therapist [as defined in Section 58-60-102; or], practicing
within the scope of the mental health therapist's license, through:
(i) in-person services; or
(ii) }through telehealth services if:
(i) the health benefit plan provides coverage for the treatment of the mental health
condition through in person services; and
(ii) the insurer determines {that} treatment of the mental health condition through
telehealth services {meet} meets the appropriate standard of care { for the diagnosis or
treatment; or
[(ii)] (b) in a health care facility:
[(A)] (i) licensed or otherwise authorized to provide mental health services pursuant to:
[(I)] (A) Title 26, Chapter 21, Health Care Facility Licensing and Inspection Act; or
[(II)] (B) Title 62A, Chapter 2, Licensure of Programs and Facilities; and

- [(B)] (ii) that provides a program for the treatment of a mental health condition pursuant to a written plan.
- (6) A mental health therapist shall comply with Section 26-60-103 for services rendered under Subsection (5)(a)(ii).
- [(5)] (7) The commissioner may prohibit an insurance policy that provides mental health coverage in a manner that is inconsistent with this section.
- [(6)] (8) The commissioner may adopt rules, in accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act, as necessary to ensure compliance with this section.
- (3) Notwithstanding Section 31A-45-303, a health benefit plan providing treatment under Subsection (2) may not impose originating site restrictions, geographic restrictions, or distance-based restrictions.